

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

October 2, 2025

[REDACTED] CEO-OWNER
QUALITY LIFE SERVICES-CHICORA, LLC
[REDACTED]

RE: QUALITY LIFE SERVICES-CHICORA
160 MEDICAL CENTER ROAD
BUTLER, PA, 16025
LICENSE/COC#: 45529

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *QUALITY LIFE SERVICES-CHICORA* License #: *45529* License Expiration: *09/01/2025*
 Address: *160 MEDICAL CENTER ROAD, BUTLER, PA 16025*
 County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *QUALITY LIFE SERVICES-CHICORA, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/05/1992* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/05/2025*

Inspection Dates and Department Representative

08/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *26* Residents Served: *13*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

08/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2025*

09/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/29/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/02/2025*

Inspections / Reviews (*continued*)

10/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132e - Fire Drill Sleeping Hours

1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

There was no sleeping hours fire drill conducted within the last 6 months.

Plan of Correction

Accept ([REDACTED] - 09/04/2025)

1. An unannounced fire drill was conducted by PC Administrator on 9/4/2025 at 2:20am.
2. Education was provided on 9/2/2025 by PC Administrator to PC staff and maintenance staff on regulation 2600.132e stating a fire drill must be completed during sleeping hours once every 6 months. Documentation of the education will be kept.
3. PC Administrator met with the Maintenance Director 9/3/2025 to confirm that a fire drill must be conducted every 6 months during the sleeping hours of 11:00pm-7:00am to meet Regulation 2600.132e with the next sleeping hour fire drill to be done in February 2026.
4. Audits will be conducted by the PC Administrator or designee of the fire logs 1 time every 5 months beginning 9/5/2025 and continuing through 2/28/2026 to ensure a fire drill is completed every 6 months. The next sleeping hour drill will be performed in February 2026.
5. Results of the Audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ([REDACTED] - 10/02/2025)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED] did not include a medication regimen. There was a notation to "see attached", however, there was no attachment.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept () - 09/04/2025

1. A medication list, effective as of [REDACTED] was added to Resident #2 [REDACTED] DME by the PC Administrator on 8/5/2025.
2. Education was provided on 9/3/2025 by PC Administrator to PC staff on Regulation 2600.141a stating a DME must be done within 60 days prior to admission or within 30 days after admission , the DME must be filled out completely with information required .
3. All current DMEs will be audited by PC Administrator or designee by 9/12/2025 to confirm that current DMEs are complete with information required by Regulation 141a.1-10.
4. Audits will be conducted of all new DMEs by PC Administrator or designee at the time of evaluation to confirm completeness prior to filing on resident's chart. If the evaluation is incomplete, the DME will be returned to the provider for correction.
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting .

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented () - 10/02/2025

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan, dated [REDACTED] did not address the use of an enabler bar, the safety precautions, training, instructions on the use for the resident, or the need for a cover.

Plan of Correction

Accept () - 09/04/2025

1. PC Administrator completed resident specific education with PC staff on 9/2/2025 regarding bedside mobility device policy and safety precautions, safe use, and need for a cover over opening. PC Administrator added an addendum on 9/2/2025 for use of the bedside mobility device to Resident #1 [REDACTED] RASP.
2. PC Administrator educated PC staff on 9/2/2025 on the Bureau of Human Services Licensing Use of Bedside Mobility Devices in Personal Care Homes in-service released on 6/26/2023. Documentation of the education will be kept.
3. PC Administrator will audit current resident census and update RASP documentation for all other current residents that are utilizing a bedside mobility device .
4. PC Administrator or designee will complete audit of bedside mobility devices being utilized in facility 1 time per week beginning 9/3/2025 to ensure device is secure, in safe working order, covering is in place if needed, and device is beneficial to resident .
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented () - 10/02/2025